



# Segregation of Covid-19 Waste

## Why in News

- Recently, the [National Green Tribunal](#) (NGT) has observed that the **segregation of Covid-19 biomedical waste** from general garbage is a must to avoid further contamination adversely affecting public health.

## Key Points

- The directions came on a **suo motu matter** pertaining to scientific disposal of Covid-19 waste.
- It observed that segregation of Covid-19 from general waste is a must to avoid additional load on **Common Biomedical Waste Treatment and Disposal Facilities** (CBWTFs) incinerators and also to avoid further contamination.
- In India, [Biomedical Waste Management Rules, 2016](#) deal with waste generated in infectious diseases like Covid-19.
- **Data Analysis:**
  - Around 2,907 hospitals, 20,707 quarantine centres, 1,539 sample collection centres and 264 testing laboratories, are involved in the generation of Covid-19 waste.
  - Generation of **Covid-19 related biomedical waste** in the country is about **101 Metric Tonnes (MT) per day**.
  - This quantity is in addition to the normal biomedical waste generation of about 609 MT per day.
  - About **195 CBWTFs** are providing the services of collection, transportation and disposal of Covid-19 biomedical waste from hospitals, sample collection centres, testing laboratories, etc.
- **Concerns:**
  - The **pandemic** has presented a **challenge in terms of capacity to scientifically dispose** of generated waste and a **challenge for civic authorities in charge of its collection and disposal**.
  - States are not following the **CPCB guidelines on Covid-19 related waste**.
  - In some states, **improper segregation** of waste has been reported from **Covid-19 facilities and quarantine homes**.
    - The non-segregation of waste results in the incineration of contaminated plastics producing toxic gases and adding to air pollution.
  - The rise in residential biomedical waste and its collection without adhering to safety protocols could also **trigger a surge in caseload**.
  - Without proper scientific management of such waste, it can **potentially affect patients and can affect the concerned workers and professionals**.
  - Discarded masks and gloves risk the lives of thousands of **sanitation workers** who work often **without any protection or training to handle** such hazardous material.
- **Suggestions:**
  - Left-over food, disposable plates, glasses, used masks, tissues, toiletries, etc used by Covid-19 patients should be put in **yellow-coloured bags**, while used gloves should be

- put in **red bags** and sent **for sterilisation and recycling** at the CBWTFs.
- Where waste is not going to CBWTF incinerators, **deep burial systems** should be properly maintained as per protocols taking all due precautions to prevent harm to the environment.
    - A **deep burial system** involves burying biomedical waste in 2-meter-deep ditches and covering them with a layer of lime and soil.
  - CPCB should take further **initiatives like conducting an appropriate programme** on Doordarshan, All India Radio and other media platforms to create mass awareness about the correct disposal of Covid-19 biomedical waste.
  - The government should set up recycling plants across the country (as envisaged under the **Smart cities project**) under the **Public-Private Partnership (PPP) Model**.
  - The Centre should form a national protocol combining the Biomedical Waste Management Rules, 2016 with the guidelines on **Extended Producer Responsibility** (EPR) for producers of plastic.
  - The Centre should **incentivise start-ups** and **Small and Medium Enterprises** (SMEs) offering solutions for Covid-19 waste segregation and treatment.
  - There should be **constant and regular monitoring** by the central and state PCBs, Health Departments in the states/UTs and by the high-level task team at Central level with further coordination by CPCB.

**Source: TH**

PDF Reference URL: <https://www.drishtiiias.com/printpdf/segregation-of-covid-19-waste>

